

Bureau of Fire Prevention 555 South 10th Street , Lincoln, NE 68508 , (402) 441-7791

Application for Permit to Install Aboveground Petroleum Storage Tanks

Today's Date			Proposed Installation Date				
INSTALLATION SITE				OWNER			
Name of Business / Company			Name of Owner / Operator				
Street			Mailing Address				
te Z	<u>'</u> ip	City	Sta	ate Zi	p		
one		Phone					
PERMIT FOR			TYPE OF FACILITY				
New Tank/s 50% or more product line Will this replace a UST System? Yes No If yes, give UST facility ID # Total capacity of replaced USTS			Marketing Bulk Government Private use Heating Oil Waste Oil Commercial Other				
INS	STALLATION	CONTRAC	TOR				
		Address					
State		Z	Zip Phone				
	TANK INFO	RMATION					
#1	#2	#3	#4	#5	#6		
Type of Overfill Control (if required) Piping Located Aboveground Underground Material Used for Product Lines: FRP Coated Steel wit Other Will dispenser utilize a card-trol or key-trol system? Yes If yes, facility must comply with all state and local codes regard unattended self-service. Will electrical work be performed as a result of this installation? Yes No				A fee of fifty-five (\$55) dollars per tank for plan review and final inspection must be submitted with this application. Application will be approved or denied within ten (10) working days after receipt of the permit application and fee. Payment shall be made by check or money order. Cash will not be accepted.			
	ATION SITE Thy Ite Z The Some MIT FOR 50% or r The Some STS INS State #1 for aboveground containment Tank round Underg round Und	TANK INFO State TANK INFO #1 #2 For aboveground use? Yes Product line State TANK INFO #1 #2 For aboveground use? Yes Product line Record aboveground use? Yes Product line State TANK INFO #1 #2 For aboveground use? Yes Product line State TANK INFO #1 #2 For aboveground use? Yes Product line State TANK INFO #1 #2 For aboveground use? Yes Product line State TANK INFO #1 #2 For aboveground use? Yes Product line State TANK INFO #1 #2 For aboveground use? Yes Product line #1 #2 #1 #3 #1 #	ATION SITE Ty Mailing Active Tele Zip City Phone MIT FOR 50% or more product line Em? Yes No INSTALLATION CONTRAC Address State TANK INFORMATION #1 #2 #3 For aboveground use? Yes No Instainment Tank System Remote equired) Found Underground The installation of the private of	Name of Owner / Operator Mailing Address City State Phone MIT FOR TYPE OF 50% or more product line em? Yes No INSTALLATION CONTRACTOR Address State TANK INFORMATION #1 #2 #3 #4 For aboveground use? Yes No Ontainment Tank System Remote equired) For out of Underground ones: FRP Coated Steel with C.P. Itrol or key-trol system? Yes No orith all state and local codes regarding rmed as a result of this installation?	Name of Owner / Operator Mailing Address Tete Zip City State Zi Phone MIT FOR TYPE OF FACILITY So% or more product line em? Yes No STS		

All installations shall be done in accordance with the Uniform Fire Code, NFPA 30, NFPA30A, and/ or other applicable codes and amendments. Installation inspection requests shall be made at least 48 hours in advance of desired date to facilitate inspector availability. Inspections will be scheduled in the order requests are received.

Application	Submitted	By:
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Pri	nt Name Signature
	GENERAL SITE PLAN (Attach Separate Site Plan if Necessary)
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